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BOROUGH OF STAFFORD



Staffs

ANNUAL REPORT

of the

Medical Officer of Health

together with the

Report of the

CHIEF PUBLIC HEALTH INSPECTOR



1956

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W. D. H. McFARLAND

Medical Officer of Health

IVOR O. WILLIAMS

Chief Public Health Inspector

PUBLIC HEALTH COMMITTEE

Chairman : COUNCILLOR W. T. EVANS

Vice-Chairman : ALDERMAN G. OWEN, O.B.E., J.P.

The Mayor : ALDERMAN H. H. COGHLAN

Alderman STORER, M.B.E., C.C. Councillor SNARE

Councillor COLLINS, C.C.

.. HILL

.. LUGG

.. MOSELEY (Miss)



.. TURNEY (Mrs.) C.C.

.. TYLER

.. WHEELER

Medical Officer of Health

*W. D. H. McFARLAND, M.B., B.Ch., B.A.O., D.P.H.

Deputy Medical Officer of Health (Part-time)

A. V. CAMPBELL, M.D., Ch.B., D.P.H.

Chief Public Health Inspector

*I. O. WILLIAMS, Cert.R.San.Inst., and Certificated
Meat Inspector

Senior Public Health Inspector

*G. ATHERTON, Cert.S.I.B., and Certificated Meat
Inspector

Additional Public Health Inspectors

*K. A. SIMS, Cert.S.I.B.

*J. LEAR, Cert.S.I.B.

(Appointed 1st October, H.M. Forces 5th December)

Chief Clerk : Mrs. H. N. Jackson

Clerks : T. T. Williams

Miss E. M. Arkinstall

* Salaries contributed to under Public Health Acts or by Exchequer
Grants.

BOROUGH HEALTH OFFICE,
5 MARTIN STREET,
STAFFORD.

JUNE, 1956.

**To the Chairman and Members of the
Public Health Committee.**

Mr. Chairman, Ladies and Gentlemen,

I have much pleasure in presenting the Annual Report on the Health of the Borough for the year 1956.

In the report I have endeavoured to some degree to draw a comparison with the past, as it is only in this way that we can appreciate the work that has been done. Let us go back as far as our records for the Borough of Stafford allow and look at a few figures.

In the year 1885 the average age at which males died in Stafford was 30 years and females 32 years old. Whereas in the year 1956 for males it was 65 years old and females, a few years more grace, 67 years old. What a dramatic change in a life time! Also in 1878, with a population of approximately 20,000 there were 732 babies born in Stafford. During the same year, 133 died before they reached their first birthday and 186 died between the ages one to five—in all 319 children. The chances of a child reaching its fifth birthday were fifty-fifty. Compare this with 1956. With a population of 41,420 when 668 children were born during the year and 25 died before their fifth birthday. There is little room for complacency but what an improvement!

The results have, of course, been achieved by the united efforts of many as well as by advancement in medical science and medical practices. The health services however, made a substantial contribution to this general improvement in health standards. The time has now been reached when the individual must play a greater part in the campaign for better health if the incidence of disease is to be still further diminished. It has been suggested that this would be achieved if more attention were paid to the simple rules of health relating to diet, exercise, relaxation and rest, food hygiene in the home, shop and canteen, dental care, and cleanliness generally.

Public Health is very much a silent service, constantly in action in pursuit of improved health in all its aspects and coming into the limelight only when things go wrong. It works unobtrusively and smoothly, and its achievements are marked solely by absence or fewness of cases and deaths from disease. But these victories have no news value or popular appeal. They have not the glamour of the curative medical services like a successful major operation. They cannot show, like some of our kindred services in local government, rows and rows of very essential and readily noticeable

bricks and mortar, with miles of concrete paving, or a noble credit at the end of the financial year. No, the results are not dramatic and rather on the negative side, only to be appreciated by delving into the past either statistically or, in the case of the older members, in memory.

In the early days of Public Health, the main efforts were directed against the more common infectious diseases and towards improvements in the sanitary environment. As time went on, solutions for these problems were found and Health Departments keeping abreast of time, shifted their main interests to other matters of a preventative nature. Nevertheless, although some of these problems are engineering and technical, they have important health facets, and it is still our duty to see that work is properly carried out and the end result is satisfactory.

Today the emphasis is more on the individual and the study of human relations with regard to the preventing of illness. It must be realised that health isn't merely absence of disease. The mind is an integral part of the human body and cannot be disassociated from it. In fact it is difficult to imagine an illness of one without some reaction on the other. Consequently a healthy mind is just as important as a healthy body, and the achievement of health is the aim in view and either is difficult without the other.

“Good food in plenty, adequate shelter and clothing, congenial work and leisure, domestic stability and a sense of security” are some of the accepted environmental ingredients of health. It has also been stated that next to food, the house and the family life are probably the most important factors which influence the well-being of individuals and communities.

With regard to food and the children, there is little to grumble about. It is very seldom that one sees an undernourished baby or school child these days. In fact there seems a tendency to over-feeding, but this is another story.

The same cannot be said at the other end of life. Bread and the “cup of char” seem to be the main means of sustenance. Important foods like milk, eggs, meat, vegetables and fruit are eaten only in minimum quantities. One dear old lady, when asked if she ever had any meat for her dinner, patted her front and replied “Dear me no!! Not that stuff, my doctor said it was bad for the “expectation” on my chest”.

A properly balanced diet is one of the great needs of old people. Their diet seems to lack, most of all, that very important nutritional factor which is essential for the repair of the wear and tear of the body—namely proteins. An adequate protein intake is essential for the prevention of muscle wasting, general weakness, overweight and anaemia and gives a feeling of increased warmth and well being as well as helping mental concentration. It is felt that if the old folk had sufficient protein in their daily diet many of them

would maintain their health, strength and sprightliness for a longer period.

The foods which contain most proteins are milk, eggs, meat, fish and cheese, together with vegetables like peas and beans. Unfortunately these foods are either the dearest or require a certain amount of preparation. Here difficulties arise.

Those acquainted with old folk realise that many eke out a weary earthly existence endeavouring to make ends meet. Their one great cry is that if things were cheaper how much better off they would be and with considerably less worry.

Again, providing a cooked meal isn't quite such a simple thing as eating it, and requires, as well as time spent purchasing the various commodities, a considerable amount of preparation. As well as this, meals are a social occasion and for those who never share a meal with others the trouble may not seem worth while. How often does one hear an old lady, living by herself, when asked why she doesn't have "cooked meals" say "It is only for myself and I just can't be bothered". Perhaps this is where husbands returning home for a mid-day meal serve a very useful nutritional purpose!

There is however a good compromise. Milk and eggs between them are rich in protein and require little if any preparation. Each approximates most closely to what might be termed the "perfect food". That is, they contain most of the essential substances required for the growth, maintenance and repair of the human tissues.

But what does one generally see in the homes of old folk? Milk used in half pint quantities per day just to flavour the cup of tea, and eggs as a special treat, only to be eaten on "occasions". It is not understood that these two foods should be an essential part of the daily diet and it would be, if nothing else, good national economy if old age pensioners received these foods on a similar basis as children receive welfare foods.

Let us next consider the housing position. Much has been written in the past by Medical Officers of Health and others, about the importance of adequate and proper housing and its relationship to the physical and mental health of the occupants. Great strides have been made and the process of replacing the old by the new is advancing, although at times not as fast as one would like.

There is a tendency of late to drop the standard a little and it is sincerely hoped that this isn't the beginning of a downward trend. Attention is directed in particular to two aspects (a) the height of the ceiling and (b) provision of air bricks in pantries.

It is felt that it was a backward step when the Borough adopted the standard in their Bye-Laws of allowing houses to be built and building houses themselves, with a ceiling of 7ft. 6ins. One of the outstandingly bad features of many of the houses scheduled for demolition during the next five years is the low ceil-

ing. In most cases it is around 7ft. 6ins. One gets a cramped, hemmed-in sensation which is depressing and often complained about by the tenants. When standing up one breathes the more contaminated air which accumulates under the ceiling and gives the general feeling of stuffiness.

It is only natural that during cold weather, doors and windows will be closed to conserve heat and it can be left to the imagination the state of the air in the morning in a small bedroom with a 7ft. 6in. ceiling. On walking around, the light fittings require to be dodged.

Ceilings of this height may be acceptable where the floor space is large and the cubic capacity is adequate, or where the ventilation is good and there is a reasonable interchange of air. The trouble arises when, for the sake of comfort with regard to conserving heat the ventilation is reduced.

It is known that your previous Medical Officer of Health strongly opposed this retrograde step. Surely it is not beyond the ingenuity and ability of those concerned to find other ways of reducing cost!

May I add here that we must always be careful that, in endeavouring to reduce the cost, we do not sacrifice the general standard and hasten the time when our new houses become more a liability than an asset.

A few words on pantries. They are now being provided, and quite within our Bye-Laws, fitted with two air bricks as the sole means of light and air. Normally a pantry is a place where food is stored so that it is kept fresh by controlling as far as possible, the rate at which germs grow in it. Well, if we wanted to provide an environment where germs will multiply, then a dark spot with little air movement is ideal—these are the very conditions which we are providing in our modern pantries fitted with air bricks, and all in the interest of economy! Surely things are a little out of perspective and the true function of a house or home is becoming forgotten because of, what might be termed, false economical values.

The Vital Statistics show no abnormal fluctuations. The Death Rate of 12.19 per 1,000 estimated population is a little lower than last year while the Birth Rate of 16.13 has increased and is higher than the national average. The Infant Mortality Rate of 32.9 is lower than last year but above the average for the last nine years. Of the 22 infants who died during the year 14 did not reach the age of one month. The main causes of these deaths are given in table 3 which shows that prematurity heads the list.

The expectation of life has increased during the last half century due, amongst other factors, to the growth of scientific medical knowledge and to improvements in the social conditions under which the majority of people live. Table 2 shows the ages at which people died during the year. It is a contenting thought that life should still offer a few more years to most of us, although when one looks around, the period is obviously variable.

This table shows that 67% of those who died exceeded the age of 65 years and 40% exceeded 75 years of age. In other words over 67% of us should live to draw the Old Age Pension and 40% will be able to draw the Pension for at least ten years with lots more to come. Let us hope that when we stagger along, "cap in hand", the contribution will make the journey worth while.

Also from the table we observe that more ladies exceeded 85 years of age than men and, woe betide, one exceeded 95 years, whereas all the men had fallen by the way-side.

The commonest causes of death were (1) heart disease and diseases of the circulatory system (2) cancer (3) respiratory diseases.

Included in category (1) is a cause of death which is worthy of a few comments—namely "Coronary disease angina". It is this which is responsible for a good many deaths which occur during middle age. Physicians have always had the impression that this is associated with a particular mode of life. The work of Selye in the physiological field has shown that lesions similar to this and other conditions can be produced in animals subjected to various forms of stress. There is little doubt that in the human field stresses and strains do affect the cardio-vascular system when there is evidence of disease, but, in our present state of knowledge, it is unwise to assume that they will ultimately affect a normal system.

Since man began to roam the earth he has been subjected to stresses and strains, but to-day, it is considered that we are subjected to mental and physical stress to a greater degree than ever before. It has been quoted that "though the faculties of the mind are improved by exercise, yet they must not be put to a stress beyond their strength". This probably sums up the position and points out to us that all living organisms, young and old, have a threshold beyond which they can break down in response to stress. This applies more particularly to those whose existence depends on mental work as the manual worker can easily turn from toil to rest. What then is the best way to prevent stress?

Sir Heneage Ogilvie says "The best way to prevent stress is not to suffer it. The surest preventative to stress is leisure. Leisure is holiday time, a time that we can spend in any way we like, even in idleness, but the term usually implies a change to a more pleasing occupation, rather than absence of occupation". He likens the body and the brain to a motor car and states that if they are used within the limits of toleration, and then allowed to rest and repair themselves, they will last longer, work more economically, and do an infinitely more complex series of tasks than the most wonderful machine. It might also be emphasized that if all stresses and strains were avoided, life would lose its savour for many and weariness become a prevalent symptom.

The attainment of a long life seems to depend on a proper balance between work and leisure—leisure not being merely important, but essential, as it helps the overstressed mechanism of the mind to

rehabilitate. It has been said that "The man or woman who does not enjoy himself as he goes along but waits for retirement will probably be sick or dead when it comes".

"A poor life this if full of care,
We have no time to stand and stare".

Another prevalent theory, and one which is very popular at the moment, is that obesity and over-eating of fat are factors concerned with coronary heart disease.

Of course, obesity has drawn a great deal of attention from insurance companies over a period of years, who hinted that statistically fat men have less chance of survival to old age. They agree that the measure of a man's worth is not his girth and insist on weighting the premiums of those who are overweight.

It is generally accepted that overweight is a medical liability. In addition it can also be a social handicap—limitation of athletic activities, cars, clothes, furniture, jokes about fat people and diminished interest from the opposite sex. Despite this, corpulence is supposed to carry with it a greater measure of good temper and tranquility and freedom from emotional stresses that tend to shorten life.

For all practical purposes obesity arises from the consumption of more food than the individual needs. Various medical conditions cause obesity by increasing the appetite and the intake of calories. Many persons can only keep their weight within normal limits by dieting, while others can eat with impunity and never become obese. The mechanism whereby an individual can eat as he pleases and yet maintain a constant weight is not known. It may be due to several factors including the level of glucose and other metabolites in the plasma, the influence of hypothalamic centres and cortical stimuli. Psychological reasons have been advanced for some cases of obesity and it may be true that more sorrows are drowned in food than in drink. These indefinite theories are of great interest, but the fact remains, as Rynearson so pithily observed—"Fat comes from food, where the hell else can it come from?".

The total incidence of infectious diseases is lower than last year. Dysentery tops the list and a more detailed account is given in the body of the report.

Dysentery is generally looked on as a "contagion" spread directly from case to case with symptomless excretors and convalescent carriers playing some part. It is an infection which can spread where the standard of hygiene is relatively high. This rather suggests that the infecting dose of the germ is small. It has been stated that in the large centres of population, dysentery is probably always present. As some time it is confined to relatively small areas, not necessarily characterised by poor housing and overcrowding, at other times it spreads widely into other centres but may miss completely many small and some large centres of population. The factors that determine whether the infection will spread widely or not are not well understood—immunity of the

population, housing conditions, social behaviours, even the weather may all play a part.

It would be a counsel of despair to recommend taking no action to prevent its spread, although there is quite a lot about the means of spread that we do not understand. On the other hand, to exclude all infected persons from school or work, or from the society of their friends and neighbours would entail more dislocation than the severity of the infection warrants. A middle course is usually steered and much reliance is placed on the good hygienic sense of adolescents and adults.

During the year there was a notable reduction in the number of cases of Tuberculosis notified although the number of deaths increased. The age incidence of this is given in table 8 and it is rather sad to reflect the young age at which six females contracted the infection.

Attention is drawn to the excellent work of Voluntary Organisations like the Stafford Council of Social Service, an account of which is given in the body of the report.

I have asked the Chief Public Health Inspector to compose the Section beginning on page 25.

In conclusion, I am very grateful to the Chairman and Members of the Health Committee for the encouraging interest shown in the work of the Health Department.

I wish also to express my sincere appreciation to the Chief Public Health Inspector, Mr. I. O. Williams, and to all members of the Department for their great initiative and painstaking work. There has been a great increase in the amount of work of the Public Health Inspectors and they have shown a very high degree of competence and efficiency.

W. D. H. McFARLAND,

Medical Officer of Health.

REPORT



VITAL STATISTICS

Births

Live Births :			Male	Female	Total
Legitimate	...	...	339	303	642
Illegitimate	...	...	10	16	26
Totals			349	319	668

Birth Rate

16.13 per 1,000 estimated population.

The Birth Rate of 16.13 compares with that of 15.7 for England and Wales. Of the 668 births, 26 were illegitimate—10 males and 16 females.

Deaths

	Male	Female	Total
Deaths from all causes ...	277	228	505

Death Rate

12.19 per estimated 1,000 population.

The Death Rate of 12.19 compares with that of 11.7 for the country as a whole. There were 505 deaths—277 males and 228 females.

Principal Causes of Death

The principal causes of deaths, together with the percentage of total deaths, are given as follows :—

Heart Disease	...	...	37.82%
Cancer	...	...	18.22%
Respiratory Diseases	....		7.72%

Cancer of Lungs

There were 16 cases, all males. The average age at death was 58.31 years.

Cancer

The average age of persons dying from all forms of Cancer was 64.23 years. 96 people died from this disease.

Table No. 1—Death Rates and Average Age of Deaths

Year	Average Population	Average No. of deaths per year	Death rate per 1,000	Average age at Death—Years	
				Male	Female
1885—87	19,614	275	14.054	30.15	31.93
1888—90	19,171	237	12.37	25.42	37.74
1891—93	18,579	270	14.53	31.34	34.75
1947—49	33,946	380	11.21	60.40	64.38
1950—52	40,306	392	9.73	64.64	63.71
1953—55	40,993	512	12.50	63.21	69.21
1956	41,420	505	12.19	65.01	67.27

Table No. 2—Age Incidence of Death

	Males	Females	Totals	Percentages
Under 4 weeks	5	6	11	2.17
4 weeks—1 year	4	4	8	1.58
1—4 years	3	—	3	.6
5—14 years	3	4	7	1.38
15—24 "	1	1	2	.39
25—34 "	2	2	4	.79
35—44 "	4	4	8	1.58
45—54 "	29	15	44	8.71
55—64 "	46	35	81	16.04
65—74 "	85	50	135	26.73
75—84 "	76	76	152	30.1
85—94 "	19	30	49	9.70
95—100 "	—	1	1	0.2
100 + "	—	—	—	—

Infant Deaths (under 1 year of age)

		Males	Females	Total
Legitimate	... ...	9	11	20
Illegitimate	... ...	1	1	2
		—	—	—
Totals	...	10	12	22
		—	—	—

Infant Mortality Rate

32.94 of all infants per 1,000 births.

29.93 of all legitimate infants per 1,000 live births.

Infant Deaths (under 4 weeks of age)

			Males	Females	Total
Legitimate	...	...	5	7	12
Illegitimate	...	...	1	1	2
			<hr/>	<hr/>	<hr/>
Totals	...		6	8	14
			<hr/>	<hr/>	<hr/>

Death Rate

20.93 per 1,000 live births.

Still Births

			Males	Females	Total
Legitimate	...	...	6	9	15
Illegitimate	...	...	—	—	—
			<hr/>	<hr/>	<hr/>
Totals	...		6	9	15
			<hr/>	<hr/>	<hr/>

Still Birth Rate

22.45 per 1,000 (live and still) births.

Table No. 3—Causes of Infant Mortality

UNDER FOUR WEEKS						
Prematurity	...	...	...	...	...	5
Cerebral hæmorrhage	...	...	...	...	...	3
Pneumonia and Broncho--Pneumonia	...	...	...	...	...	2
Cause unobtainable owing to state of putrefaction	...	...	...	...	...	1
Congenital heart disease	...	...	...	...	...	1
Congenital deformity	...	...	...	...	...	1
Sclerema (Neonatorum)	...	...	...	...	...	1
FOUR WEEKS TO TWELVE MONTHS						
Asphyxia	...	...	...	...	...	2
Broncho-pneumonia	...	...	...	...	...	1
Cardio-respiratory failure	...	...	...	...	...	1
Cerebral agenesis and microcephaly	...	...	...	...	...	1
Congenital hydrocephalus	...	...	...	...	...	1
Gastro-enteritis	..	...	...	...	...	1
Meningitis	...	...	...	...	...	1

GENERAL STATISTICS

Area of Borough (acres)	...	...	...	...	5,089
Registrar-General's estimate of population mid-1956	...	...	...	...	41,420
Number of inhabited houses (end of 1956) according to rate books	...	...	...	...	12,254
Rateable Value (31st March, 1956)	...	...	...	...	£283,292
*Rateable Value (1st April, 1956)	...	...	...	...	£562,025
Sum represented by a penny rate (1955-56)	...	...	...	...	£1,163
*Sum represented by a penny rate (1st April, 1956)	...	...	...	...	£2,332

The total of 12,254 inhabited houses is made up as follows :—

Houses	...	...	...	...	...	...	11,917
Licensed Houses	...	...	...	...	...	...	77
Farm Houses	...	...	...	...	...	...	17
Shops with living accommodation	...	...	...	...	...	...	243

* General revaluation of all properties in the Borough.

SOCIAL CONDITIONS OF THE AREA

The following survey of the Social Conditions existing in Stafford has kindly been supplied by the Manager of the Employment Exchange.

Approximate numbers employed in the principal industries and services in Stafford are as follows :—

Industry	Males	Females	Total
Engineering (all types)	8,560	2,160	10,720
Shoe Manufacture	860	1,110	1,970
Local Government Service (including Education)	1,900	1,760	3,660
Distributive Trades	1,020	1,080	2,100
Abrasives and Cast Concrete Products	1,320	440	1,760
Transport and Communications ...	1,300	330	1,630
Building and Civil Engineering ...	1,450	30	1,480
Agriculture and Forestry	1,320	170	1,490
Salt Production	350	60	410
Gas and Electricity Supply	300	20	320
Sawmilling and Machine Woodworking	190	40	230
Printing	110	70	180
Chemical and Oil Products	230	90	320
Wood Heel and Last Manufacture ...	80	50	130

Social Services

Voluntary associations who concern themselves with the aged :—

The Stafford Council of Social Service. Mr. Wilson, Hon. Secretary of the Stafford Council of Social Service, has kindly given me the following report on the activities of this service :—

“The most important work of the Council during the year has been in connection with Old People’s Welfare. All lonely old people who have expressed a desire for it are paid regular visits by some lady or gentleman who has volunteered for this service—a service which brings a great deal of happiness into otherwise dreary and lonely lives. In October fruit and vegetables—given to us by one of the churches after their harvest celebration—were distributed to them. A flag day was held in the summer and it was possible to make substantial allocations to Old People’s Clubs which participated.

“A request was made that the Council should initiate a League of Hospital Friends. Enquiries have been made as to the degree of probable support and initial steps have been

taken. A strong committee, broadly representative of the different interests involved, has been formed, which hopes to be able to secure the formation of an active League during the next few months."

The Darby and Joan Club.

The Red Cross Society.

Stafford Old People's Welfare.

Women's Voluntary Service.

There are in addition "The Littleworth Old Pensioners' Club" and "The Pennycrofts Residents' Voluntary Service."

Laboratory Facilities

4,212 reports were received at this office from the Public Health Laboratory, where bacteriological examinations are carried out.

National Assistance Act, 1948 ; Section 50

Burial of Destitute Persons

The bodies of two persons were buried by the Council under the above Act.

Stafford Home Safety Committee

A Home Safety Exhibition was held during the year.

Family Planning

Weekly meetings are held in the North Walls Welfare Centre dealing with Family Planning, whose aim and purpose it is to offer all married people sound medical advice.

Road Accidents

Figures have been kindly supplied by the Road Safety Committee of the Borough Council, as follows :—

			Killed	Seriously Injured	Slightly Injured
1952	...	...	2	45	151
1953	...	...	5	48	125
1954	...	...	3	34	173
1955	...	...	3	57	161
1956	...	...	1	61	181

Housing

Mr. Higson, the Borough Surveyor, has supplied the following information regarding the building of houses by the Corporation and by private enterprise.

Houses erected between 1/1/56 and 31/12/56

By the Corporation—

Number of houses erected in 1956 144

Total number of permanent houses erected since
1945 2,562

Total number of temporary dwellings erected ... 225

By Private Enterprise 190

By Housing Associations 20

The Housing Manager has supplied the following table of applicants for houses — included in the table are applicants who reside outside the Borough :—

Table No. 4—House Letting : Review of Applications

	Applicants residing and working in the Borough	Applicants working in the Borough but residing outside the Borough	Applicants residing outside the Borough	Applicants in Slum Property
Man and Wife	97	20	9	8
Man, Wife and 1 Child	132	42	21	8
Man, Wife and 2 Children	93	40	12	9
Man, Wife and 3 Children	33	17	4	2
Man, Wife and 4 Children	8	7	4	1
Man, Wife and 5 Children	4	4	1	—
Man, Wife and 6 Children	3	1	1	—
Spinsters	15	—	—	—
Widows	9	—	3	—
Bachelors	5	—	—	—
Old Age Pensioners	94	—	3	—
TOTAL	493	131	58	28
LODGERS				
	Applicants residing and working in the Borough	Applicants residing in the borough but working outside	Applicants working in the Borough but residing outside	Applicants residing outside the Borough
Man and Wife	168	11	20	6
Man, Wife and 1 Child	115	7	25	3
Man, Wife and 2 Children	30	2	6	3
Man, Wife and 3 Children	12	—	—	2
Man, Wife and 4 Children	5	—	—	1
Man, Wife and 5 Children	—	—	—	—
Man, Wife and 6 Children	2	—	1	—
Spinsters	33	—	—	—
Widows	3	—	1	—
Bachelors	20	—	—	—
Old Age Pensioners	2	—	—	—
TOTAL	390	20	53	15
Total Householders 710	Total Lodgers 478		Grand Total 1,188	

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Diphtheria

No case of Diphtheria was reported among the population during the year.

Immunisation is the responsibility of the County Council, who have kindly supplied statistics for the Borough.

Table No. 5—Diphtheria Immunisation, 1956

School	Primary	Re-inforcing
St. Austins	5	7
St. Leonard's Avenue	5	27
Forebridge	2	15
Corporation Street Infants	22	44
Littleworth	6	18
Tenterbanks	13	23
Holmcroft	15	26
Stone Road	15	14
St. Patrick's Junior	—	14
Flash Ley	25	65
Silkmere	17	29
Highfields	13	38
Burton Manor	4	37
Outside Schools	2	4
St. Patrick's Infants	6	—
Welfare Centre	65	9
Private Doctors	270	87
School Clinic	—	—
TOTAL	485	457

In the Borough of Stafford there have been no cases of Diphtheria during the last five years. The following table gives an indication of our state of immunisation :—

Table No. 6

	Number of Children Immunised		Number of babies born during preceding year minus deaths under 1 year
	Primary	Re-immunised	
1948 ..	609	265	679
1949	516	286	676
1950	412	259	739
1951	550	528	615
1952	469	482	677
1953	462	212	658
1954	604	571	655
1955	411	302	653
1956	485	457	607

Table No. 7—Infectious Diseases Notified in 1956

Notifiable Diseases	Cases at all ages	Deaths	Case Distribution as to Wards					Under 1 Year	1—5	5—15	15—25	25—45	45—65	65 and over
			North	South	East	West	Baswich							
Scarlet Fever ..	39	—	4	11	3	11	10	—	10	27	2	—	—	—
Pneumonia	10	1	3	—	—	5	2	—	—	2	—	1	4	3
Measles	39	—	4	4	2	2	27	—	21	17	—	—	—	—
Whooping Cough	50	—	3	17	13	2	15	—	30	12	1	—	—	—
Dysentery	91	—	7	13	25	23	23	—	55	18	3	9	2	1
Food Poisoning ..	2	—	1	—	—	—	1	—	1	—	—	—	—	1
Polio myelitis ..	2	—	2	—	—	—	—	—	1	1	—	—	—	—
Erysipelas	3	—	—	—	—	2	1	—	—	—	—	1	2	—
Tuberculosis ..	16	7	4	7	1	3	1	—	—	1	3	8	4	—
Para Typhoid ..	1	—	—	—	—	—	1	—	—	—	—	—	—	1
Puerperal Pyrexia	4	—	2	—	—	—	2	—	—	—	3	1	—	—
Meningococcal Infection ..	1	—	—	1	—	—	—	—	—	—	—	1	—	—

To obtain some idea of the proportion of children immunised, a rough and ready way is to compare the number of primary immunisations with the number of births during the preceding year, who survived that year. This has been done in the table and gives a percentage for the year 1956 of 80 immunised. Looking at it another way, from 1947 to 1955 there were 6,029 babies born, and from 1948 to 1956 there were 4,444 primary immunisations, giving a percentage of 73 ; and 3,361 re-immunisations, giving a percentage of 56.

Dysentery

The epidemic which started during the latter end of 1955 continued well into 1956 ; 91 cases were notified during 1956.

Monthly Incidence: 1955-1956

October	November	December	January	February	March	April	May	June	July	August	September
3	10	157	88	37	36	17	25	7	6	2	2

In all, members of 90 families were infected and 84 of these families included children of school-age and under. The initial case in 93% of the families with children was in one of the children. In houses with school-children, the initial case was a school-child in 66% of families.

The average period of isolation for child cases and child contacts was 38.5 days — the shortest period being 8 days and the longest 153 days. For school-children this represents an appreciable loss of educational time, except when the time coincides with holiday periods. The reason for this is that many children required two and sometimes three courses of treatment before the requisite negative samples could be obtained. There is little sense in allowing child contacts back to school while there is a positive case in the household. Perhaps more use of the newer antibiotics will in future lessen this period of isolation and quarantine.

Attack Rates

In those exposed to a case in the family

Age	Number	Cases	Attack Rate (Per cent)
0— 4	42	28	66
5—10	68	50	73
11—14	28	8	28
15+	205	17	8
All ages.	343	103	30

From this it will be seen that in all 343 people were exposed to infection and 103 became infected, giving an attack rate of 30%. The attack rate was highest among school-children between 5 and 10 years of age.

One strong impression gained from following these dysentery cases is that where there are a number of children in the house, it would be rare if more than one did not become infected.

On receiving notification of a case of dysentery, the house is immediately visited. A general talk is given to the mother on the condition in general, and particular attention directed to the means of spread. All school contacts are excluded from school and the parents advised on house and garden isolation, but they could go for a walk provided they were supervised and kept to themselves. The schools where the children attend are also visited and the head teachers requested that on the slightest suspicion of any children having bowel symptoms, they are to be sent home and the mother instructed to call in the doctor. The children are instructed on the great importance of hand-washing after being to the lavatory and before each meal.

In each case three negative faecal samples were obtained before being allowed back to school, and all school contacts had the same. Mothers were very co-operative.

Scarlet Fever

Thirty-nine cases as against forty-five for 1955 were notified. No deaths occurred and in two instances more than one case occurred in one family. There were no "return" cases.

Puerperal Pyrexia

Four cases were reported—three occurred in hospitals.

Erysipelas

Three cases were notified.

Pneumonia

Ten cases with one death were notified—a decrease of four over 1955.

Food Poisoning

Two cases—one a child of 2 and the other an old gentleman (this case occurred in hospital)—were notified during the year.

One case proved to be positive *Salmonella Typhi-murium* and the second *Salmonella S. Heidelberg*.

Meningococcal Infection

One case only was notified during the year.

Whooping Cough

Fifty notifications were received as against seventeen in 1955.

Measles

Of the thirty-nine cases notified, twenty-six occurred during the second quarter of the year. All cases were children under 15 years of age. Most of the cases were mild in character.

Poliomyelitis

Two cases of Non-Paralytic Poliomyelitis were notified. Both occurred in children and were removed to hospital.

Tuberculosis

There was a sharp decrease in the number of Tuberculosis cases notified, as against twenty-seven in 1955—there were seven deaths.

The Tuberculosis Health Visitor has followed up contacts during the year.

Consideration by the Housing Committee has been given to patients who were on the Housing List.

The “balance sheet” for the Tuberculosis Register is as under :—

1956		Deaths	9*
On Register at Jan. 1st	190	Recovered	11
Notifications	16	Transfers Out	8
Transfers in	8	Left District, address unknown	—
		On Register at 31st December	186
	<hr/> 214		<hr/> 214

* Includes 2 deaths from other causes.

Admissions to, and discharges from, Institutions were notified as follows :—

	Admissions	Discharges
Groundslow Sanatorium ...	10	3

Table No. 8—Tuberculosis

AGE	NEW CASES			DEATHS		
	Respiratory			Non-Resp.		
	Male	Female	Male	Male	Female	Male
0—1 Years ..	—	—	—	—	—	—
1—5	—	—	—	—	—	—
5—15	1	—	—	—	—	—
15—25	2	2	—	—	—	—
25—35	1	4	—	—	—	—
35—45	2	—	—	—	—	—
45—55	1	1	—	3	—	—
55—65	2	—	—	1	—	—
65 and over ..	—	—	—	1	1	—
TOTALS	9	7	—	5	1	—
Ten year average, Cases, pre-war (1929-38)	21.9	15.6	7.7	12.6	7.8	2.
						1.7

The following table gives the number of medical examinations carried out by the Medical Officer of Health on employees of the Corporation. These examinations cover the Sick Pay and Superannuation schemes.

Medical Examinations for 1956

Sick Pay		Superannuation	
Males	Females	Males	Females
6	4	37	10
TOTAL 57			

Public Health Propaganda

Posters have been used to bring matters of interest before the public and members of the Health Department staff have given talks to Voluntary Bodies on many aspects of their work.

Leaflets on “Clean Foods,” “Catering,” etc., have been available on request to shopkeepers.

Royal Brine Baths

The Baths Superintendent has kindly supplied the following report on the activities of the Baths during the year :—

“ The Private Brine Departments show an increase, particularly on the Hospital Side.

Private warm baths show a slight decrease each year, owing to the re-housing programme.

School Swimming is now a very essential part of the Baths programme, and the need for extension of swimming facilities is now due.”

During the year the following attendances were made :—

Swimming	...	...	72,900
Schools	...	...	52,432
Brine Swim	...	...	7,300
Private Brines	...	...	5,000

Mortuary

Bodies were received at the Borough Mortuary as follows:

Borough residents	...	...	...	...	30
Non-residents who died in the Borough	...	...	...	...	5
Brought in from outside the Borough	...	...	...	...	12
Borough resident who died outside the Borough	...	...	...	...	1
Non-civilians	...	...	...	...	—
					48
Post-mortem examinations	...	...	...	...	44

Table No. 9—Registrar-General's Short List of Causes of Death

	TOTAL	Males	Females
Tuberculosis of respiratory system	6	5	1
Other forms of Tuberculosis	1	1	—
Syphilitic disease	1	—	1
Measles	—	—	—
Other infective and parasitic diseases	4	1	3
Malignant Neoplasm of Lung Bronchus	16	16	—
Malignant Neoplasm Stomach	17	9	8
Malignant Neoplasm Breast	11	—	11
Malignant Neoplasm Uterus.....	2	—	2
Other Malignant and Lymphatic Neoplasms	46	25	21
Leukaemia, Aleukaemia	4	4	—
Diabetes	3	2	1
Vascular Lesions of Nervous System	55	25	30
Coronary disease, angina	78	50	28
Hypertension, with Heart Disease	6	2	4
Other Heart Disease	107	51	56
Other Circulatory Diseases	18	14	4
Influenza	4	3	1
Pneumonia	12	6	6
Bronchitis	37	24	13
Other Diseases of the Respiratory System	2	1	1
Ulcer of Stomach and Duodenum	1	1	—
Nephritis and Nephrosis	5	4	1
Hyperplasia of Prostate	4	4	—
Gastritis, Enteritis and Diarrhoea	6	3	3
Pregnancy, Childbirth, Abortion	1	—	1
Congenital malformations	6	2	4
Other defined and ill-defined diseases	41	16	25
Motor Vehicle Accidents	3	2	1
All Other Accidents	6	4	2
Suicide	2	2	—
Homicide and Operations of War	—	—	—
TOTAL DEATHS	505	277	228

Table No. 10—Births and Stillbirths

Year	Total Births	STAFFORD BOROUGH			Birth Rate for England and Wales
		Birth Rate	Total Still Births	Still Birth Rate	
1947	703	19.7	19	26	22.2
1948	686	18.2	23	32	19.2
1949	755	19.5	17	22	18.0
1950	638	15.9	17	25	16.8
1951	701	17.4	19	20	16.7
1952	674	16.54	9	13	15.5
1953	672	16.5	17	24	15.7
1954	674	16.46	20	28	15.04
1955	627	15.18	17	26	15.0
1956	668	16.13	15	22	15.7

Table No. 11
Infant Mortality for 1956 and Previous Nine Years

Year	Live Births	Under one month		Under one year	
		Deaths	Rate per 1,000 births	Deaths	Rate per 1,000 births
1947	703	14	19	24	34
1948	686	11	16	19	27
1949	755	11	14	16	21
1950	638	6	9	13	20
1951	701	16	22.8	24	34.2
1952	674	12	17.8	16	23.7
1953	672	9	13.4	17	25.3
1954	674	12	17.8	21	31.2
1955	627	14	22.3	20	33.3
1956	668	14	20.9	22	32.9

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

Having been employed by the Corporation for the last 28 years, I much appreciate the gesture of the Medical Officer of Health.

Much could be written comparing conditions in Stafford to-day with those existing 28 years ago.

The population in 1929 was 28,680, with 6,800 dwelling-houses, compared with a population of 41,420 and 11,917 houses for 1956. The department has represented, and the Council has dealt with, 320 unfit houses. The total abolition of the open wooden ash tub has taken place and of the 2,140 obsolete types of water closets then in existence only 500 remain.

There are various aspects of the Health Department's work of which the benefit is apparent in health and lack of distress. One observation is worthy of note and that is the greater interest the younger generation take in their appearance and the increased pride they have in their homes.

The new sewage works, which was completed during the year, will be of inestimable value to Stafford. A relief foul water sewer which the department was most anxious to see in operation, as it was evident that public health was endangered, was also completed.

Much has yet to be done in the demolition of unfit dwellings and re-development of the areas, and it must be mentioned that a more advanced method in the disposal of refuse containing organic material should be initiated.

SANITARY CIRCUMSTANCES OF THE AREA

Sanitary Inspection of the Area

The tabular statement below contains the number and nature of inspections made by the Public Health Inspectors with the number of notices served and the result of such notices.

I must point out that satisfactory inspections of the Borough cannot be carried out unless there is an adequately qualified staff. Although having advertised for a replacement of an inspector who obtained an appointment elsewhere in 1955, it was only in October that the position was filled and the inspector appointed was called up for National Service with only two months' service in the Borough.

One can be thankful for the co-operation received from the Borough residents in meeting the Department's requests so as to avoid the necessity for statutory proceedings.

	No. of Inspections	No. of Notices			
		Informal 1	Statutory 2	Complied with	
				1	2
Repairs to dwelling houses	835	83	9	59	9
Vermineous Houses	2	—	—	—	—
Sanitary Conveniences	55	29	3	26	3
House Drainage defects	280	30	—	30	—
Receptacles for house refuse	582	—	—	—	—
Accumulation of refuse	29	—	—	—	—
Overcrowding	28	—	—	—	—
Water supply	14	—	—	—	—
Factories, including bake-houses and food preparing premises	38	18	—	18	—
Slaughterhouses	1137	7	—	7	—
Shops where food is sold	332	83	—	56	—
Fried Fish Shops	30	3	—	2	—
Offensive Trades	12	2	—	2	—
Dairies	30	—	—	—	—
Piggeries, etc.	33	3	—	3	—
Market	40	—	—	—	—
Ice Cream Shops	32	—	—	—	—
Cafes and Canteens	25	11	—	5	—
Public Houses	8	—	—	—	—
Visits to notifiable diseases	393	—	—	—	—
Smoke observations	44	—	—	—	—
Other nuisances	52	—	—	—	—
Rehousing of Families	56	—	—	—	—
Caravans	21	—	—	—	—
Refuse Tips	14	—	—	—	—
Pet Shops	8	—	—	—	—
Housing Acts (Improvement Grants)	272	—	—	—	—
Number of food samples purchased for analysis	432	—	—	—	—

Water Supply

Every house in the Borough, with the exception of a few houses with domestic water supply from taps in wash-houses, has an internal water supply.

Information regarding the Town Water Supply has been furnished by the Water Engineer.

“For the year ending 31st March, 1957, the total water consumption amounted to 879,529,900 gallons, a decrease of nearly 24 million gallons on the previous year. It is interesting to note that this decrease is almost entirely confined to industrial con-

sumption and appears to coincide with the trade recession which occurred during 1956. Domestic consumption has remained stationary, the reduction in consumption due to the cool summer having apparently been balanced by the demand from 470 new houses built during the last 12 months.

Domestic consumption now averages 21.87 gallons/head/day and Trade consumption 24.47 gallons/head/day.

About 4½ miles of new mains have been laid during the last 12 months, this figure including the new 12-inch diameter Trunk Water Main to Butterhill.

Milford Pumping Station has operated continuously during the year and the results of the year's working show that its efficiency is quite outstanding.

Shugborough Pumping Station has been used intermittently (about 8 hours per day, 5 days per week) to balance supply with demand.

The population supplied remains unaltered at 52,000.

SAMPLE FROM			
	Tap from Service Reservoir September Quarter	Shug- borough Well September Quarter	Milford New Well No. 2 September Quarter
	Parts per 100,000		
pH Value	7.5	7.5	7.5
Total solid matter dried at 212°F	40.0	22.0	44.0
Free and Saline Ammonia	Nil	Nil	Nil
Albuminoid	0.0004	Nil	0.0004
Nitric Nitrogen	Nil	Nil	Nil
Chlorine present as Chloride	9.9	3.0	10.8
Oxygen absorbed in 4 hours at 80°F.	0.017	Nil	0.012
Appearance	Clear and colourless	Clear and colourless	Clear and colourless
Injurious Metallic contamina- tion	Nil	Nil	Nil
Total Hardness	16.3°	9.4°	16.3°
Permanent Hardness	9.4°	5.8°	9.6°
Temporary Hardness	6.9°	3.6°	6.7°

The County Analyst states that : “Samples of the Town Water Supply have been examined regularly throughout the year and no solvent action on lead has been detected.”

Drainage and Sewerage

Additions to surface and foul water sewers have been constructed as follows :—

Surface Water Sewers : 2,382 lineal yards at Weston Road, Sandon Road, Grey Friars Culvert, Overhill Road, Trinity Fields Estate, Rowley Bank Relief Drainage.

Wolverhampton Road Bridge Improvement.

Foul Water Sewers: 1,825 lineal yards at Weston Road Estate and Trinity Fields Estate.

Sewage Disposal

The Borough Engineer advises me that the new Sewage Disposal Works started functioning last October and at the present time is dealing with approximately two million gallons per day, the residual half million being still dealt with at the existing works. The load at the existing works will be gradually decreased and it is anticipated that in about three months' time, if all goes well, everything will be going to the new works.

Factory Act, 1937

1. — Inspections

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	19	6	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	151	18	2	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	16	3	—	—
TOTAL	186	27	2	—

2. — Defects Found

Particulars	Number of cases in which defects found				No. of cases in which prosecutions were instituted
	Found	Re-medied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness	2	2	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary conveniences :—					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	3	2	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	5	4	—	—	—

Prevention of Damage by Pests Act, 1949

The number of premises treated during the year were as follows :—

	Local Authority Properties		Business Premises		Dwelling houses (inc. Council houses)		Total Premises
	Rats	Mice	Rats	Mice	Rats	Mice	
Number treated	8	Nil	40	29	113	12	202
Visits	48	Nil	144	40	622	20	874

The amount of poison bait eaten by rats and mice was approximately 6 cwts. 69 lbs.

HOUSING

The Ministry of Housing and Local Government held a Public Inquiry on a Clearance Area involving the property numbered 46 to 54 Tenter Banks. The area was confirmed later by the Minister.

The following houses were represented as unfit under Section 11 of the Housing Act and Demolition Notices were served on the owners :—

153, 155, 157 Eccleshall Road ;
3, 4, 4a Queensville ;
70, 71, 72 Foregate Street.

The following houses in Clearance Areas were demolished during the year :—

1 to 12 and 17 to 23 Grey Friars Place ;
'119, 120, 121 Lichfield Road ;
172 to 177 North Walls.

Moveable Dwellings

In ten instances applications for licences were received, and permission granted, to site trailer caravans for a limited period.

Closet Accommodation.

There are approximately 500 waste water closets in the Borough and 28 pail closets.

The number of waste water closets substituted during the year was 38 and a grant of 50s. was available to encourage owners of property to abolish this type of obsolete and insanitary closet.

Complaints were received regarding 1,049 foul water drain obstructions. The drains were cleared by Corporation workmen.

Refuse Disposal.

The Borough Engineer supervises this service.

The keeping of the refuse tips free from infestation by rats is the responsibility of the Chief Public Health Inspector and treatment with Gammexane powder has proved most effective in preventing nuisances caused by crickets, flies, etc.

Dustbins.

Under the scheme approved by the Corporation in 1950, replacement of worn out dustbins for household refuse is still carried out. During the year 1,011 dustbins were issued.

Byelaws as to the Keeping of Pigs.

The enforcement of the byelaws has been carried out under the guidance of the Public Health Inspectors.

Disinfestation of Houses.

Corporation and private houses numbering 21 have been disinfested for infectious diseases, vermin infestations, and where tenants have moved to new houses.

Offensive Trades.

There is one Gut Scraper on the Register and his premises are within the curtilage of a semi-public slaughterhouse.

Smoke Abatement.

The Clean Air Act was considered by the Committee as to the implementation of the provisions which would come into operation.

A sub-committee met representatives of the coal merchants and gas industry to discuss the availability of smokeless fuels for the Borough.

It was agreed by the Committee to further efforts already made in the reduction of smoke, to ask local retailers to display for one week up-to-date firegrates and when repairing or replacing grates, to fix approved types, and for the department to make use of a disused shop to emphasise the need to abolish pollution from domestic firegrates.

This publicity proved of some value and gave rise to a number of problems, one of which is the necessity for information to be given to the public on how to minimise smoke pollution now that the effects of smog have been so well publicised in the past.

To explain the efficiency of various types of fuels to the general householder does not carry much weight, as one frequently gets a reply as to the cost of low quality coal.

Pet Animals Act, 1951.

There are five Pet Shops to which licences have been granted. The licence, when issued, has nine conditions which the applicant must comply with.

It was found, on visits, that animal feeding meat sold for dogs and cats was obtained from a Knacker's Yard. The Committee, on receiving the report of this practice and on the advice of the Medical Officer of Health, resolved that a further condition should be attached to the licence which was as follows:—

The Licensee is prohibited from selling, or offering or exposing for sale animal feeding meat for consumption by dogs, cats or other animals, unless it has been purchased from a licensed slaughterhouse where it has been passed for human consumption or unless it has been boiled for not less than one hour at 212 degrees F., for which purpose it shall first be reduced to portions not exceeding 2lbs. in weight.

Housing Repairs and Rents Act, 1954. Part II. Sections 23-26. Repairs increase.

No applications were received under the above Act.

Housing Repairs and Rents Act, 1954. Improvement Grants.

Your Chief Public Health Inspector was made responsible for submitting to the Housing(Management) Committee, applications for grants towards improvements.

During the year, 35 applications were received of which 2 were refused and 1 withdrawn. The total value of work involved was £8,780 7s. 10d., and the grant allowed totalled £3,169 0s. 0d.

Since the commencement of the scheme, 76 applications have been completed.

INSPECTION AND SUPERVISION OF FOOD

The following premises are registered :—

Preparation of sausages, etc.	...	...	24
Manufacture of ice cream	...	...	7
Sale of ice cream in pre-packed containers			98
Fish frying	...	...	23

The number of food shops in the Borough are as follows :—

General, 82 ; Grocers, 53 ; Greengrocers, 13 ;
Butchers, 39 ; Fishmongers, 11 ; Confectioners,
14 ; Sweet Shops, 18 ; Cafés, 19.

The Food Hygiene Regulations, 1955

The Committee, at their various meetings, considered the department's interpretation of the above-mentioned regulations. An Abstract of the provisions was given to all persons connected with the sale of foods ; shopkeepers with open-fronted windows were written to, and a joint meeting with the Market Committee was held regarding the complete separation, from other goods exposed for sale, of specified foods in our closed market.

In the adaption of a section of our Market for the sale of fruit, cakes, biscuits, sweets, meat and fish, the Market Committee approved an estimate of £3,800.

During the preparation of this report, the section has been completed with the proper stalls, wash-hand basins, sinks and a constant supply of hot water.

It can be said with some pleasure that the Council can be proud of their effort in the implementation of the Regulations.

Meat and Other Foods—Slaughtering Facilities

There are two private slaughterhouses within the Borough, Messrs. Rowlands and the Stafford and Stone Co-operative Society.

Messrs. Rowlands' premises are of a semi-public type, as they make provision for butchers from other districts as well as for those at Stafford.

Slaughtering is done outside office hours, even on Sundays, when dressed carcasses must be inspected. During the year the inspectors paid 1,137 visits to the slaughterhouses with additional duties entrusted to them under the Food and Drugs Act.

The total weight of meat condemned was 26 tons, 0 cwt., 40 lbs.

Carcases Received, Inspected and Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	5892	983	777	17126	15586
Number inspected	5892	983	777	17126	15586
ALL DISEASES EXCEPT TUBERCULOSIS Whole carcases con- demned	2	4	8	15	20
Portions of carcases with organs	45	8	6	3	42
Organs only	58	6	1	42	472
Percentage of the number inspected affected with disease other than Tuberculosis	1.8	1.8	1.9	.35	3.4
TUBERCULOSIS ONLY Whole carcases con- demned	3	6	1	—	7
Portions of carcases with organs	235	118	—	—	245
Organs only	287	171	7	—	285
Percentage of the num- ber inspected affected with Tuberculosis	8.9	29.8	1.01	—	3.4

Certificates were issued confirming the unfitness of foods reported to the department by Provision Merchants in the town. The items were:—

718 tins of fruit; 140 tins of meat products; 136 tins of vegetables; 35 tins of fish products; 177 containers of various other foods; 162 lbs. of sausages; 129 lbs. of cheese trimmings; 56 lbs. prawns; 2 stone of cod fillet; 252 lbs. of margarine; 252 lbs. of dried peaches; 30 lbs. of melts; 8 lbs. of bacon; 72 savoury ducks.

MILK AND DAIRY REGULATIONS, 1949

Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950 —Specification of Areas

The Borough of Stafford became a Specified Area in relation to milk sold within the Borough on the 1st October, 1954, and

from the appointed date it was obligatory that all milk sold by retail be either heat treated (pasteurised and sterilised) or Tuberculin Tested Milk.

This order decrees that only two classes of milk can now be retailed—"Tuberculin Tested" and "Heat Treated"—both to be sold in sealed bottles or in similar containers.

The milk is submitted to the Public Analyst for testing for adulteration or deficiency in fat or solids not fat. It is also submitted to the Public Health Laboratory to test whether it has been satisfactorily pasteurised or sterilised, also as to its keeping qualities and whether free from harmful organisms.

Milk (Special Designation) (Raw Milk) Regulations, 1949

Registered Dairy with Pasteurising Plant	1
Number of Persons issued with Dealer's Licences for the sale of Tuberculin Tested Raw Milk	7
Number of Persons issued with Supplementary Licences for the sale of Tuberculin Tested Raw Milk ...	5

Milk (Special Designation) (Pasteurised and Sterilised Milk), Regulations, 1949

Number of persons issued with Dealers' Licences for the sale of Pasteurised Milk	17
Number of Persons issued with Dealers' Licences for the sale of Sterilised Milk	20
Number of persons issued with Dealers' Licenses to use designated Tuberculin Tested Milk (Pasteurised) ...	13
Number of persons issued with Supplementary Licences for the sale of Pasteurised Milk	10
Number of Persons issued with Supplementary Licences for the sale of Sterilised Milk	10
Number of persons issued with Supplementary Licences to use designated Tuberculin Tested Milk (Pasteurised)	9

Sampling of Foods

In October, 1954, the Borough assumed in full the responsibility of a Food and Drugs Authority.

Official arrangements have been made for the County Analyst to be Public Analyst for the Borough.

Samples of 159 milk were proved genuine and 3 were not up to standard. Of the general food samples, with the exception of four 1 oz. packets of Onion Sauce, all proved genuine.

The Onion Sauce contained an excess amount of Sulphur Dioxide. The Public Analyst was able to prove that the excess amount was in the onion in the completed product.

The foods submitted were as follows :—

Olive Oil (1); Cakes and Puddings Mix (2); Dessicated Coconut (2); Cornflour (1); Jam (2); Margarine (1); Pure Lard (1); Ice Cream (4); Synthetic Cream (1); Salmon Spread (1); Minced Chicken (2); Dripping (1); Crab Meat (1); Honeycomb Mould (1); Fish Cakes (2); Morfat Whipping (1); Flour (1); Yeast Tablets (1); Marmalade (1); Bottle Coffee (1); Kwik Set (1); Lemonade Crystals (1) Rice (3); Butter (3); Minced Beef Loaf (1); Priory Tea (1); Onion Sauce (2); Ginger (2); Oxtail Flavour Soup (1); Trifle Pack (1); Colman's Mustard (1); Fresh Coffee (1); Soup (2); Parsley Sauce (1); Pork Sausages (6); Compound Fat (1); Forcemeat (1); Processed Peas (1); Mixed Peel (1); Cheese and Onion Spread (1); Custard Powder (2); Jelly (1); Mincemeat (1); Stuffing (1); Baking Powder (1); Double Cream (1); Vinegar (1); Frizets (1); Icing Sugar (1).

Submitted to the Public Health Laboratory Service, Stafford, for either bacteriological or biological tests were :—

166 milk samples; 1 confectionery cream; 12 double cream; 1 sausage roll; 3 samples involving 18 pint bottles; 1 made-up meat and 16 ice cream.

As a result of the failures of Pasteurised Double Cream samples to pass satisfactory bacteriological tests, the department was not satisfied with the position as to how the containers were being filled and stored for retailing.

The cream was obtained in bulk from another district and the department was successful in getting the dairyman to construct a building with a wash-hand basin, hot and cold water and cold storage for the sole purpose of bottling. This building was registered apart from the registered dairy.

The list below indicates the grades of ice cream sold in the district:—

	Grade 1	Grade 2	Grade 3	Grade 4
Heat Treated .	12	1	—	1
Cold Mix . .	2	—	—	—

Both the unsatisfactory samples were manufactured in another district.

Designation	No. of samples taken	Satis.	Unsatis. Methylene Blue Test	Phosphatase test	Neg.	Pos
Tuberculin Tested	14	12	2	—	13	—
T.T. (Pasteurised)	45	44	—	1	—	—
Pasteurised	92	89	1	2	—	—
Sterilised	15	15	—	—	—	—
	166	160	3	3	13	—

The following table gives the number of samples of milk taken from Retailers who distribute milk within the Borough.

	NUMBER
RETAILERS OF RAW MILK :—	
Milk from own Cows	21
Milk from Cows of other producers	13
RETAILERS OF HEAT TREATED MILK :—	
Retailers receiving milk from licensed Pasteurised Plant which is within the Borough	73
Retailers receiving milk from Pasteurised or Sterilised Plants outside the Borough	59

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